

REQUEST FOR PAYMENT-DIRECT SERVICES FOR PART C

PROVIDER INFORMATION/SUBMIT PAYMENT TO:			DATE _____					
NAME _____			EMPLOYER IDENTIFICATION OR SOCIAL SECURITY NO. _____ SERVICES PROVIDED DURING _____ (YEAR) _____					
ADDRESS _____								
CITY _____ STATE _____ ZIP _____								
TELEPHONE _____								
CLIENT IDENTIFICATION		SERVICE INFORMATION						
NAME OF CLIENT	TYPE OF SERVICE or CODE	LIST EACH DATE OF SERVICE	NO. OF UNITS/ MILES	Mileage/Travel Time		Identify as C= In City R= Rural	UNIT PRICE	AMOUNT
				Beginning odometer	Ending odometer			
COMMENTS:							TOTAL	
I declare and affirm under the penalties of perjury, that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further agree to comply with the provisions of the civil rights of 1964, and regulations issued thereunder relating to non-discrimination in federally assisted program.								
<div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> CLAIMANT SIGNATURE DATE </div>								